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New York

President: Mr. Opertti ..... (Uruguay)

The meeting was called to order at 7.10 p.m.

Agenda item 8 (*continued*)

Overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development

The President (*spoke in Spanish*): I first give the floor to His Excellency Dr. Mohammad Farhadi, Minister of Health and Medical Education of the Islamic Republic of Iran.

Dr. Farhadi (Islamic Republic of Iran) (*spoke in Persian; English text furnished by the delegation*): The Cairo Conference and its outcome, the Programme of Action in particular, constituted a historic turning point and established the organic link between population and development. The wide-ranging participation in Cairo was clearly indicative of the degree of global interest in and sensitivity to the wide range of important issues involved.

Five years later, as is evident from the intensity of debates on matters in dispute, the international community is facing formidable challenges in this field and is still grappling with the question of how to better implement the commitments undertaken in Cairo.

Let me be very clear on this point: the first and foremost objective of this special session is to remain faithful to the letter and spirit of the Cairo Programme of Action. We are here to assess the state of the implementation of that important document, take stock of achievements thus far at both national and international levels and identify the obstacles, and also to explore new initiatives and measures to further promote its implementation.

Hence, it is absolutely imperative for us all, developed and developing alike, to exploit the current propitious opportunity to advance the North-South dialogue and partnership that were the hallmarks of the Cairo Conference. The limited precious time of the special session should hardly be lavished on unnecessary and avoidable controversies surrounding highly contested new ideas and concepts.

The question of population is not a numbers game. Rather, it is about human beings and deals with such important and sensitive concepts and issues as family, marriage, reproduction and sexuality, which play a central role in the life of all societies. Since these concepts involve long-established universal fundamental ethical principles and values, their treatment can simply not be subjected to a laissez-faire, laissez-passer mentality and approach.

At a more practical level, however, population policies and programmes constitute essential elements in the overall human development strategy of each and every society. Within this context, poverty is to be considered the most formidable enemy of human development policies in general, and population policies in particular. It should be emphasized, however, that an

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enabling environment for the formulation and implementation of sound population policies cannot be limited to the national level alone. The creation and sustenance of an overall enabling environment at the international level are equally imperative, particularly in these times of unfettered globalization and liberalization.

It is generally agreed that many Cairo targets have not been met, due mainly to inadequate international assistance. This sad situation must be redressed. In fact, an important part of our success at this special session will be directly related to and contingent upon success in resource mobilization and international cooperation. The formulation of new national population policies or programmes is another priority area for the developing countries. This is the right approach and should be further encouraged and facilitated by the review process and supported by the international community. The review process should undertake to adopt practical initiatives and measures to create a safe and supportive environment for young adults and adolescents.

Let me now turn to the national scene. Having actively participated in the Cairo Conference and made its contribution to the final outcome, the Government of the Islamic Republic of Iran has since vigorously pursued the implementation of the Cairo Programme of Action. Relying on the three foundations of Islam, nationality and republicanism, the Constitution of the Islamic Republic of Iran, while respecting the rights and dignity of the individual, considers family to be the basic unit of society and social life, in which the respective rights, functions and roles of parents and children alike are defined. Our national population policy, including family planning, is based on such a definition, with due regard for the socio-cultural characteristics and development needs and requirements of the society.

At a more practical level, our strategy for family planning is based on the simultaneous promulgation of appropriate legislation, the promotion of public awareness and the provision of necessary services. These policies and measures, much reinforced by the high political commitment of the Government, led to a sharp decrease in the crude birth rate between 1984 and 1997. During the same period, the annual natural rate of population growth dropped from 3.2 per cent to 1.4 per cent.

Another important pillar of this strategy concerns the establishment of a nationwide primary health care system, which now covers 95 per cent of the country's population, including a refugee population of over 2 million people. This system delivers all the elements of primary health care, including reproductive health, as part of family health in an integrated manner. A substantial reduction in infant and child mortality rates, as well as in maternal mortality rates, between the early 1980s and 1996 is among the major achievements of the system.

The empowerment of women has been another important aspect of the overall policies of the Iranian Government over the past 15 years and has contributed significantly to the success of population policy and family planning. The Government has consistently endeavoured to promote the status of women, *inter alia*, through the promulgation of legislation, the promotion of education at all levels and the facilitation of women's participation in all areas of social life. Women's active involvement in the health sector, including in reproductive health-related activities, represents an important aspect of their active and growing role on a national scale, although much more needs to be done. The Government's commitment to the promotion of civil society in national life also aims at further buttressing women's empowerment.

In closing, I would like to stress that our national experience in population policy and family planning, the success of which has been recognized at the international level and commended this year by the United Nations, stands as a vivid confirmation of compatibility between religion and the religious outlook and population policies and family planning. Our unique experience carries important theoretical and practical lessons for other developing societies, particularly those with similar socio-cultural characteristics. In this sphere, we are willing and prepared to share our experience with other interested countries, including through the United Nations Population Fund.

I should also like to draw attention to the imperative of respect for the national cultures and particular religious values of different societies in the process of the implementation of the Cairo Programme of Action and the future implementation of the outcome of the review process. Such an approach and conduct, practised by all, would certainly provide a solid basis for sustainable genuine international cooperation.

The President (*spoke in Spanish*): I now give the floor to Her Excellency Mrs. Hilde Johnson, Minister of Development Cooperation and Human Rights of Norway.

Mrs. Johnson (Norway): The Cairo Programme of Action has caused a major shift in thinking on population issues. We are now seeing an approach to population and reproductive health based on the rights of the individual. We must put people first. We must respect human dignity and the inherent worth of every single human being.

We all know that the discussions leading up to this special session were not easy. The United Nations Population Fund (UNFPA), led by Mrs. Nafis Sadik, is to be commended for its preparations. I would furthermore like to thank the Chairman of the preparatory committee, Ambassador Chowdhury, for his tireless efforts in helping us to renew our commitment and to reach consensus on key actions. Also, the numerous non-governmental organizations should be given credit for their contributions.

Greater investment in the social sector is key in addressing the population problems. This means investing in human capital. The broader support given to the 20/20 compact is a step in the right direction. No investment is more important than that in primary health and education. No investment yields a higher return. Norway is acting on this understanding. This is a question both of money and of focus — of political priorities.

Studies show that educating girls is the single most profitable investment of all. Investing in girls' education means lower infant and maternal mortality, lower fertility and higher productivity. Educating girls will give women more control over their own lives. In addition to safeguarding a fundamental human right, educating girls and women means educating the whole family. Investing in education leads to "expanding people's choices", to use the United Nations Development Programme definition of human development.

Indeed, women must be given wider choices. Although there is still a long way to go, there are noticeable changes in a positive direction. The individual human being and her needs have increasingly become the focus of policies and, gradually, also of health services. Legislation in this field has become much more favourable in many countries. This is evidence that we are going in the right direction. The quality of care is also receiving more attention. Health services are being expanded to cater for a broader set of needs in reproductive and sexual health. Training and advocacy are being implemented. Civil society has played a vital role in promoting change and providing practical solutions. Abortion rates are going down in areas where family planning is made available. This is indeed a positive development.

There are still, however, serious problems to be solved. Among the most urgent challenges are maternal mortality that is far too high, the growing evidence of gender-based violence, lack of appropriate information and services for youth, and finally, a steep increase in HIV/AIDS. All these developments are deeply worrying. They call for renewed action, for stronger and more coordinated efforts, by all donors, by all countries, by all those with the power to set priorities.

First, the figures for maternal mortality show unacceptable differences between regions. There are several reasons for this: the general health and nutritional status of women, early marriage, lack of access to family planning and the general economic and legal status of women. But if we know the causes, we also know what measures and efforts are urgently needed to eliminate them. Safe motherhood should be promoted as a human rights issue.

Secondly, gender-based violence throughout women's life cycle is a problem of global dimensions. Not only is it widespread; it is severe. Violence against women even kills, and rape, domestic violence, mutilation and sexual abuse cause serious health problems. These infringements of women's right to health can be avoided. They are preventable. They should be prevented, in my country, as in all other countries.

The new health sector programmes represent a golden opportunity to ensure that integrated reproductive health services are given sufficient priority. Indicators of maternal mortality and morbidity should be used to monitor whether sufficient priority is being given to reproductive and sexual health. Professional assistance in connection with childbirth is a key issue. We must keep up our efforts to support these programmes.

Sexual violence is becoming a weapon in armed conflicts. Refugee women are in a particularly vulnerable situation. They are often subject to sexual violence and abuse. Maternal mortality among refugee women is often very high. In spite of this, there are numerous examples that reproductive rights have been largely ignored in times of crisis. This is unacceptable and has to be addressed.

Thirdly, adolescents are another urgent concern. This group has high figures for sexually transmitted

diseases, not least HIV infection, and large numbers of teenage pregnancies and maternal deaths. This clearly shows how vulnerable adolescents are and how insufficient the response is to their needs. Teenage pregnancies carry a particularly high risk. Maternal mortality in this age group is two to five times higher than in other age groups in developing countries.

The Norwegian Government has recently presented a new plan of action for the reduction of abortions. Action targeting teenagers is given priority. A more sensitive approach and more appropriate information and services are needed if we are to reach youth. The most successful Norwegian programmes so far have involved young people, parents and the community in the planning process. Such involvement is essential if we are to reach this group effectively. We acknowledge that the question of youth is difficult for many countries, but we are confident that we will resolve the outstanding issues in this area.

Finally, the HIV/AIDS pandemic has reached a level that is reversing the favourable mortality trend of the last decades. The disease is having a devastating impact on both demography and general socio-economic development in many countries. Here, too, girls and women are the most vulnerable groups. Teenage girls are in fact the group which is most at risk for HIV/AIDS. Women need to be in a stronger negotiating position for safe sex if their health is not to be permanently damaged. Information alone is not enough. We need to bring men on board in the fight for safe sex. Men must be convinced that this is their struggle, too. This is a question of life and death for whole communities.

The spread of HIV is placing a heavy burden on the health and educational systems. There is an urgent need to reverse this trend. In this regard, international coordination is essential. What we need most, however, is strong political commitment by national governments at the highest level. This is vital if the support is to be effective. We have seen that the trend can be reversed in countries such as Uganda and Senegal. We must put these lessons to good use. The spread of HIV can be stopped. We must make a difference.

Development and demography are closely interlinked. Insufficient financial resources continue to be an important obstacle to implementation of the Programme of Action. Donor countries as well as developing countries have a shared responsibility to live up to their commitments, not only from Cairo, but from the other United Nations conferences. Donor countries have to ensure that the trend of shrinking official development assistance is reversed, and that the agreed target of 0.7 per cent of gross national product for development purposes is met. Coordination is the key word to maximize the impact of our efforts.

It is our challenge to translate words into action, to make it happen, to make a difference. As Secretary-General Kofi Annan said this morning, "The stakes could hardly be higher."

The President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Brian Cowen, Minister for Health and Children of Ireland.

Mr. Cowen (Ireland): I am very pleased to have the opportunity to address this special session. I would like to add my congratulations to you, Mr. President, and to the members of your Bureau on your election. I would also like to pay tribute to Dr. Sadik, who contributed so much to the Cairo Programme of Action and to the five-year review process.

This special session is the conclusion of that process, a process that has focused attention on what we in the international community have achieved in population and development since Cairo. It also allows us, indeed forces us, to take stock of the challenges still remaining. I know that the preparation of the report of the Secretary-General for this Assembly has been a long and difficult process. I know that many members had to make hard compromises, and I pay tribute to all involved and congratulate you on the spirit of goodwill which has made this report possible.

At the outset I would like to share with you some of the pertinent changes which have taken place in Ireland in recent years. The major change relates to the sharp decline in the Irish birth rate, which indicates that couples in Ireland are controlling their fertility to a much greater extent. The birth rate fell from 21.8 births per 1000 in 1980 to 13.5 in 1998. In 1995 the fertility rate was 1.84, which is below the population replacement level of 2.1. The Irish fertility rate has been below replacement level since 1991.

Since Cairo in 1994, policy on family planning has been reviewed and new programmes developed and implemented. Each of the eight statutory regional health authorities is required to ensure that an equitable, accessible and comprehensive family planning service is available in its area. Persons in the lower socio-economic

groups are entitled to family planning services, free of charge, from their family doctor. Non-governmental organizations play an important role in the provision of reproductive health services and work closely with the statutory authorities in doing so.

Other developments which have taken place include the preparation of a specific plan on women's health which is being implemented at present, and the establishment of a Women's Health Council on a statutory basis. In addition, plans to introduce organized breast and cervical screening programmes on a phased basis are at an advanced stage of planning. Screening for breast cancer will commence later this year and for cervical cancer early next year. In relation to adolescent health, a schools-based relationships and sexuality education programme has been developed. This is a comprehensive programme which realistically addresses adolescent sexual and reproductive health issues.

The issue of HIV/AIDS continues to be a priority for the Irish Government. Our strategy consists of four main components: prevention, including risk reduction and education; care of persons infected with HIV/AIDS; HIV/AIDS surveillance; and anti-discrimination.

The Cairo Programme of Action and the review process have emphasised the importance of reducing the extent of abortion throughout the world. Improved health education, access to family planning services and contraception are essential in order to bring that about. Ireland strongly endorses the principles enshrined in the Cairo Programme of Action and in the review process that abortion must not be promoted as a method of family planning. It is therefore of great importance to Ireland, as it clearly is also to many other countries, that the document recognizes that policy and legislation in relation to the circumstances in which the termination of pregnancy may be permitted, if at all, is a matter for each country to determine for itself.

Cairo was one of the great United Nations conferences of the past decade: it set specific goals and targets for the entire international community in addressing levels of unacceptable inequality and injustice in our world. These goals are interrelated and reflect the vision set out in the Charter of the United Nations. Ireland is strongly of the view that the role of the United Nations is indispensable in the achievement of the agreed international development goals and affirms its full commitment to the United Nations role in international development cooperation.

Equitable access to basic health services, including reproductive health services, is an issue fundamental to social development. Much progress has been made in improving the health of people in the developing countries. The availability of vaccines and the development of cheap and effective treatments for common infectious diseases have resulted in substantial improvements in childhood survival rates. Both bilateral donors and multilateral agencies — the United Nations Population Fund (UNFPA) in particular — have ensured that improved health and family-planning services are now available to many in the developing world.

Formidable challenges remain, however: many infectious diseases have become resurgent, new diseases — particularly HIV/AIDS — have emerged, and maternal mortality remains at unacceptably high levels in many countries. While population growth rates have fallen, and fallen steeply in many countries, there are very high fertility rates in many of the poorest countries.

The Irish Aid programme, with its strong emphasis on poverty alleviation and focus on basic needs, has given priority to the health sector. Fifteen per cent of the Irish Aid budget within our priority countries in sub-Saharan Africa is spent on the health sector, including an important reproductive health component in many of our projects.

The approach enshrined in the Cairo Programme of Action offers better health care and an improved quality of life for many millions. The support of the entire international community is crucial to ensuring that the agreement reached at Cairo five years ago represents more than just good intentions. The commitments made at Cairo cannot be fulfilled without an adequate and assured level of funding for population activities.

Ireland's overseas development assistance has enjoyed several years of sustained growth and will continue to do so. The Irish Government is fully committed to the United Nations target of 0.7 per cent of gross national product for official development assistance. Our spending on health care, including reproductive health care, will remain a high priority for the Irish Aid programme.

Ireland's strong support for the leading role of UNFPA is underlined by our steadily increasing voluntary contributions to that organization, as well as through our membership of the UNFPA Executive Board. In addition to our regular contribution to the work of

UNFPA last year, Ireland was pleased to make an additional voluntary contribution specifically earmarked for the Cairo review process. This is an acknowledgement of Ireland's support for the international consensus on population issues.

In conclusion, I wish to confirm the Irish Government's commitment to the ongoing implementation of the Programme of Action. The Programme of Action will enable us to cope with the challenge confronting the global community in the approaching century.

The President (*spoke in Spanish*): I now call on His Excellency Mr. Galwak Deng Garang, Minister of Survey and Construction Development of the Sudan.

Mr. Garang (Sudan) (*spoke in Arabic*): Nearly five years ago, this Assembly approved by consensus — which the Sudan joined — the Programme of Action of the International Conference on Population and Development. As the report of the Cairo Conference shows, the Conference was a historic event. Its outcome was a landmark in efforts to improve people's quality of life and well-being through development and population policies and programmes. The Programme of Action gave the international community a set of important population and development recommendations and objectives and also set mutually supportive qualitative and quantitative goals that are of critical importance in achieving those objectives. Featured high among these goals and objectives are sustained economic growth in the context of sustainable development; education, especially for girls; gender equity and equality; infant and maternal mortality reduction; and the provision of universal access to reproductive health services, including comprehensive family planning services.

However, it should be recalled and emphasized that the successful conclusion of these agreements was possible only because conscience and a high spirit of tolerance prevailed amongst all nations, coupled with high respect for each nation's cultures and beliefs in ethical and social matters. The delegation of the Sudan believes that there is a need, in the present process of reviewing and evaluating the implementation of the Cairo Programme of Action, to uphold and be guided by the same principles and ideals of conscience and tolerance that prevailed in the negotiations at the Cairo Conference five years ago.

Furthermore, we are of the view that what was said then by so many representatives is even more valid today for most of our societies: amongst the outstanding statements made then was one saying that in Africa the most powerful contraceptive in the world is the confidence of parents that their children will survive. How can we dispute the validity of such a logical statement in the face of the ongoing process of marginalization of the poor economies of the world? We also share the conviction of those who said that societies would have no obstacles in controlling population so long as the process upheld and respected moral values and principles. We join with those who believe that a comprehensive and holistic solution to population problems must be deeply rooted in faith and in a commitment to the basic human values enshrined in all religions and traditions. At the forefront of these values is the central role of the family as the family is the basic unit and the foundation of society. We believe this notion cannot and must not be compromised. Equally important, planned parenthood and population control must not be viewed as a universal social charter which seeks to impose the issues of adolescence, abortion and sex education on individuals and societies and religions that have their own distinctive beliefs and social values and traditions. In this context, we would like to emphasize that Governments, civil societies and non-governmental organizations should not formulate a specific social code of conduct for the young generation to become responsible citizens as, indeed, it is notably parents, particularly mothers, who are the most qualified and appropriate socializing agents in society.

The delegation of the Sudan believes that while the process of review and appraisal is conducted by the General Assembly at this special session, the international community must pay due attention to resolution 53/183, namely that the agreements concluded at the International Conference on Population and Development can be changed only through renegotiation. This is unambiguous and clear, especially in the light of the fact that the outcome of the Conference has received wide acceptance. The credibility of the entire process will be jeopardized if any attempt to act otherwise is introduced. The established practice of building consensus in the United Nations system will also suffer a setback. By virtue of such practice, any group of countries may not impose a certain course of action on other groups and may not obstruct other groups from following a chosen course of action that they view as important and useful as long as it is compatible with the generally agreed-upon international principles and norms. National population policies remain an integral part of the national sovereign decision.

Drawing on the general principles I have outlined above, I would like to comment briefly on specific issues in the draft document that contains new proposals for further action within the context of implementing the ICPD Programme of Action.

With regard to the issues of poverty, economic development and environment, we note with regret that the draft document failed to address the crucial and urgent need to establish better understanding at the international level, and a high level of international cooperation that will enable the developing countries in general and the least developed countries in particular to realize success in these fields. We also note that the international commitment to address the problem of education must be reinstated, with particular emphasis being placed in the draft document on the need to close the existing gap in male and female education in sub-Saharan Africa and in South Africa in particular. We also note with concern the exceptional emphasis in the draft document on reproductive rights.

Due attention must be paid and further measures must be taken to address basic health needs, including the need to lower the mortality rate of mothers and infants, as a matter of urgency and priority in all countries, particularly the sub-Saharan African States. Although we fully acknowledge the importance of reproductive health programmes, their implementation still requires enormous financial and technical assistance by the international community to complement the efforts made in this regard by developing countries, and the least developed in particular, since they cannot meet these demands.

As the largest country in Africa, the Sudan is a country of great ethnic and cultural diversity. Its current population is estimated to be 30 million. If it continues to grow at the present rate of 2.9 per cent, the population of the Sudan will double in the next 27 years. One of our priorities is to provide a better standard of living for citizens, embodied in the context of the population strategy included in the comprehensive national strategy which summarized the population problem in the Sudan into three basic categories: the existing incompatibility of economic growth with that of population growth, declining population characteristics, and the imbalance of population distribution. The aforementioned categories have been linked to the basic objectives of the national strategy for promoting compatibility between economic development and population growth and for improving the other categories, in order to create a better standard of living and to reduce poverty.

On the other hand, the Sudan recognizes the important role of the empowerment of women in the context of population and development strategies. Recently, Sudanese women in the Women's Development Unit of the Ministry of Social Planning produced a national plan of action to address gender equity and equality, the advancement of women, and their participation in decision-making at the political, economic and social levels, as well as the elimination of all discrimination against women. The strategy paid particular attention to the needs of women in the field of health care, particularly their reproductive health and family planning needs.

Five years after the International Conference on Population and Development, the Government of the Sudan believes that the objectives and recommendations of this Conference can only be achieved in the framework of a comprehensive peace in the country. The prevalence of peace would provide security and dignity for citizens, give them free access and mobility and ensure their enjoyment of internationally recognized human rights. To this end, the Government signed the Khartoum peace agreement in 1997 with the seven warring factions in order to put an end to the internal strife.

The Government has also sought to conclude peace initiatives and has pursued national reconciliation efforts to provide an enabling environment for the implementation of economic growth programmes within sustainable development. In this regard, I commend the United Nations Population Fund (UNFPA), which provides financial and technical assistance to the Sudan, and particularly the 1995-1996 UNFPA programme, which contributed substantially to the institutional establishment of a national population council and provided a qualified cadre for administering population growth. UNFPA continues to support the present national programme of the country. This includes programmes of reproductive health, family planning, awareness raising and support mobilization.

I would also like to mention with appreciation the efforts of all other United Nations specialized agencies that are working in the Sudan, as well as the donor countries, for their generous support and contributions. We call upon them to increase their support in order to enable the country to implement its programmes of population development for the coming years.

The President (*spoke in Spanish*): I now call on His Excellency, Mr. Gerald Ssendaula, Minister of Finance, Planning and Economic Development of Uganda.

Mr. Ssendaula (Uganda): Uganda actively participated in the International Conference on Population and Development (ICPD) in Cairo, and we are fully committed to the implementation of the Programme of Action and the recommendations of the Conference. We are continuing to mainstream adolescents and youth, to empower women and to emancipate the elderly and persons with disabilities in our development planning and to address reproductive health issues in the wider context.

We attach a lot of importance to the involvement of civil society, including the private sector, and non-governmental organizations and other stakeholders in population and development activities, including in the planning, designing, implementing and monitoring of such activities. We are also striving to ensure that population programmes put the human being at the centre of development activities and provide an enabling environment so that individuals, men and women, can play their rightful role in society. It is only through these activities that we can attain sustainable development.

In March 1995, as part of a series of post-ICPD activities, Uganda adopted an explicit national population policy for sustainable development. Priority concerns are clearly identified in the policy, and since then it has guided our programming efforts and those of our development partners, including civil society and non-governmental organizations, in this area of population and development.

Uganda has intensified its fight against the HIV-AIDS epidemic through a multisectoral approach and the use of an open policy to deal with the epidemic. The President of the Republic of Uganda went public over the issue of the HIV-AIDS epidemic and alerted the whole nation to the need to tackle the epidemic squarely. I am glad to report that our efforts have not been in vain. Over the last two years, we have begun to see a definite decline in the HIV-AIDS epidemic. This should not make us complacent. The lesson we have learnt is that although HIV-AIDS has no cure, well conceived, good and deliberate policies can be effective. Our open policy has also helped galvanize our development partners to come to our assistance. In order to make a decisive difference, the effort has to be intensified and applied persistently. The fact of the matter is that the HIV-AIDS epidemic has far-reaching implications for our population; the international community should help us to tackle it squarely.

Like other developing countries, Uganda has a largely young population. Since the ICPD, we have paid more attention to adolescents and youth. We have embarked on programmes to address the hitherto neglected needs of our young people. These include programmes to enhance our approach to adolescent reproductive life; to address the basic education and development of children, especially girls; and to make increased use of data to improve programming for youth. We are starting to see the benefits of these programmes.

The Uganda Government has identified women as a group that had been marginalized and that needed to be mainstreamed in our development process. In this regard, Uganda has put in place a national gender policy that mainstreams gender concerns in all sectors of Government and in local-government plans of action. We also have gender-desegregated data that guide planning at both the national and the district levels. Issues of equality, equity and the empowerment of women are very important to us. In order to empower women, Uganda has taken advantage of the recommendations of both the ICPD and the Fourth World Conference on Women, held at Beijing. We have put in place a process to emancipate women politically by creating special elective seats exclusively for women, from the village to the national level. As a result, we have a sizeable number of elected women Members of Parliament. Currently, we have a woman Vice-President. The civil service is also headed by a woman. Women have at the same time been promoted in the judiciary, police, prisons and other sectors of the civil service. We will continue to support affirmative action for women and to ensure education for the girl child as part of our universal primary education programme. These programmes will significantly enhance the self-esteem and productivity of our women.

With regard to harmful traditional practices that impinge on the reproductive health and reproductive rights of women, we have tackled the problem of female genital mutilation through a culturally sensitive approach. As a result, within a period of two years, we have witnessed a remarkable decline in this harmful practice in the eastern-Uganda district of Kapchorwa, where it was most prevalent. In recognition of this major achievement, the people were awarded the prestigious 1998 United Nations Population Award. We will continue with efforts to completely eliminate this harmful practice. On 3 December 1998, the President of the Republic of Uganda made a major pronouncement, urging the people of Kapchorwa to abandon this culture.

In the field of advocacy and in order to enhance reproductive health and advocacy activities, Uganda has enlisted the collaboration and support of Members of Parliament through the Parliamentary Forum on Population and Development and Food Security. Members of Parliament are now outspoken advocates of reproductive health and other population-related issues. We have also been able to reach out to both religious and cultural leaders. In Uganda, religious leaders of the Catholic, Protestant and Islamic faiths, along with the country's kings and other leaders, have also lent a strong hand to our programmes. This has widened the participation and involvement of communities in programmes that target them and has ensured ownership, commitment and the sustainability of these programmes.

Let me state that although Uganda has registered modest achievements in the field of population, Uganda's social indices remain poor by any standards. The maternal mortality rate remains unacceptably high at 506 per 100,000, while in 1995 the infant mortality rate was high, at 97 per 1,000. The contraceptive prevalence rate stood at 15 per cent in 1995 while the total fertility rate remained high at 6.8 children in 1995. Poverty stood at 46 per cent in 1996, and life expectancy is low at a mere 48 years. Clearly, therefore, we need to do a lot more to reverse these negative trends.

The Government of Uganda regards the population programme as a high priority and we have done our best to allocate considerable resources to that sector. But due to the external debt and other budgetary demands, we still need the assistance of the international community. As we strive to fulfil our commitments, we urge the developed countries to fully meet their commitments to provide the financial resources necessary to implement the ICPD Programme of Action.

The President (*spoke in Spanish*): I give the floor next to His Excellency Mr. Salah Uddin Yusuf, Minister for Health and Family Welfare of Bangladesh.

Mr. Yusuf (Bangladesh): It is my special delight to be here, participating in the twenty-first special session of the General Assembly, devoted to the five-year review and appraisal of the Programme of Action of the International Conference on Population and Development (ICPD). Bangladesh was intimately involved in all stages leading up to this special session, and I am very pleased that Bangladesh was elected to the chairmanship of the preparatory committee for the special session. Here, I would like to make special reference to the Permanent Representative of Bangladesh to the United Nations, Mr. Anwarun Karim Chowdhury, who over the past four months has been ably guiding the most difficult negotiations, as Chairman of the preparatory committee and now of the Ad Hoc Committee of the Whole.

Soon after Bangladesh was born, the father of the nation, Bangabandhu Sheikh Mujibur Rahman, for the first time declared the population issue to be the number-one concern for the newly independent nation. We have since formulated population policies and programmes as a national priority.

The International Conference on Population and Development was the turning-point in our approach to the population problem. It gave us new direction in terms of how best to integrate the issue of population with that of human development. The paradigm-shift in Cairo from numbers of people to people's needs resulted in a reorientation of our approach.

The needs of women and men — not just the pursuit of demographic targets — became the primary objectives. In order to translate the new paradigm into action, soon after Cairo, as a very first step, we in Bangladesh constituted a broad-based National Committee for Implementation of the ICPD Programme of Action. We pursued the goals through the formulation of a National Plan of Action.

In recent years, under the enlightened leadership and personal commitment of our Prime Minister, Sheikh Hasina, we have gained considerable progress in the implementation of our National Plan of Action.

A number of factors favoured the outcome of our efforts. These include the sustained commitment of the Government; maternal and child health-based family planning programmes; a cafeteria approach to providing primary and reproductive health-care services; doorstep services provided by committed grassroots-level workers; sustained partnership between the Government and non-governmental organizations, with active support from other components of civil society; the proactive role of the mass media; the expansion of education, with high priority being placed on girls' education; and women's empowerment and income-generation activities, especially through microcredit programmes.

Although Bangladesh's achievement in the population sector is considered remarkable, there is still much that we could have done. Resource constraints have

been, and continue to be, the main obstacle to attaining our desired goal. This is true for most developing countries. There was some increase in the level of international assistance in the immediate aftermath of Cairo, although it was much less than the target. But in two years the flow became stagnant, and since 1998 it has started to taper off. A notable factor has been the efforts of the developing countries themselves, which have been more forthcoming in mobilizing domestic resources than has the international community in efforts assisting by making other resources available.

The donor community plays a critically important role in financing population activities. In many countries, particularly the least developed ones, funding for population activities is donor driven. Naturally, without adequate resources the implementation of the ICPD Programme of Action beyond this review will not be sustained.

The implementation of the ICPD Programme of Action is dependent to a large extent on an active partnership with the international, national and regional financial institutions and the United Nations agencies. I would like to highlight the contribution made by the United Nations Population Fund (UNFPA) in the global efforts to implement the Programme of Action. My delegation would like to mention, in particular, the commitment and leadership demonstrated by the UNFPA Executive Director, Mrs. Nafis Sadik, in carrying forward the Cairo agenda.

The major global conferences of the decade of the 1990s have given the international community a new understanding of the dynamics of socio-economic development and a new direction in which to move, with a new commitment for global partnership. The Cairo Conference was a major milestone of this decade. The special session gives us the opportunity to renew our individual and collective commitments for further follow-up and implementation of the Cairo Programme of Action. Let us work together for a better world for all of us.

The President (*spoke in Spanish*): I give the floor to Sheikh Humaid Bin Ahmed Al-Mualla, Minister of Planning of the United Arab Emirates.

Mr. Al-Mualla (United Arab Emirates) (*spoke in Arabic*): On behalf of the delegation of the United Arab Emirates, I would like to express our appreciation for the valuable proposals that were included in the Secretary-General's report and his statement presented this morning, which are related to the key measures and policies required for the further implementation by the Programme of Action of the International Conference on Population and Development, held in Cairo in 1994.

We would also like to express our appreciation for the series of meetings that has been held to assess the attainment of our objectives during the past five years.

The United Arab Emirates, represented by its wise leader, was among those countries that attributed particular importance to the Programme of Action of the Cairo Conference. We elevated it to the dimension of human development, giving it a special place in our programmes and plans and involving all segments and categories of our society, including women, who have a special place in our national development strategies and plans.

The United Arab Emirates, which has endeavoured to achieve complete development, has taken into account population questions and other essential issues, which should be based on justice and equality, respect for religious beliefs and acceptance of cultural, educational and economic traditions of every country so that we can achieve universal development. We must therefore respect the characteristics of and differences between societies and countries. It is the absolute right of every country to formulate and implement its own population programmes and policies so as to satisfy the needs of its people.

We would also like to deal with policy variations in the implementation of the Programme of Action so that cooperation and coordination can be strengthened and exchanges of experience between countries can take place, thereby contributing to global sustainable development capable of achieving man's happiness and well-being in various societies throughout the world. Creating better conditions for people and development in our world requires implementation of explicit peaceful polices that would help settle disputes and issues of occupation in many countries of the world. The persistence of such problems without finding radical solutions to them, based on the principles of the United Nations Charter and the provisions of international law, would inevitably lead to the continuation of human suffering. The international community must accord such issues of development, peace, security and stability special importance. This will require effective and objective political will on the part of all as we strive to resolve these important issues.

I wish our special session every success, and I hope that we can attain the objectives to which all our States aspire for the progress and well-being of humankind.

The President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Mekonnen Manyazewal, Vice-Minister of the Ministry of Economic Development and Cooperation of Ethiopia.

Mr. Manyazewal (Ethiopia): It is a great pleasure and honour for me and my delegation to be present at this special session of the General Assembly to review the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) in the past five years.

The Programme of Action adopted at the International Conference on Population and Development in Cairo has provided the opportunity for many population policies to include development concerns. It is our belief that taking development issues into account when formulating population policies would provide a framework for appropriate programmes that would ultimately yield sustainable development.

It is perhaps imperative that I start my statement by pointing out the structural changes that have taken place in Ethiopia since 1991. Three processes can be identified. The first process has helped us to put in place a democratic federal system of government. The second process is the establishment of regional Governments through the devolution of legislative, judiciary and executive functions to promote equality and participatory developments. The third key process is the transition to a market-based economic system through the implementation of new economic policies, a broad-based development strategy and programmes in the areas of health, education, food security, population, women and roads, to mention just a few. These created a conducive internal environment long before Cairo and helped us integrate our development concerns not only with the ICPD Programme of Action, but also with other plans and programmes of action that emerged from the 1990s international forums, such as the Social Summit in Copenhagen and the World Food Summit in Rome.

It is also important to note that the nature of government expenditure, both at the federal and the regional levels, has seen major changes in line with the shift in the country's economic policy and strategy. The resources allocated to agriculture, roads, education, health, energy and water have seen quite significant increases since 1991.

Coming to the implementation of our population programmes, it should be emphasized that reproductive health services are quite inadequate, due to limited access to health care, which in turn is affected by inadequate health facilities, particularly in rural areas. Health coverage is only about 50 per cent of the population. While we give priority to the expansion of health facilities, alternative systems, such as community-based distribution and social marketing, are being promoted.

In the areas of information, education, communication and advocacy, the development of an international economic cooperation strategy to better address the various sectors of society and activities undertaken to sensitize policy-makers should be seen as major works. Previously, advertising contraceptives had been prohibited by law. That particular article was cancelled recently by Parliament.

We note with satisfaction that population and family-life education has been introduced into the curriculums of junior and senior high schools, agricultural colleges and teacher-training institutes.

We accord great importance to gender equity and the empowerment of women, as reflected in the Constitution and the National Policy on Women. The fundamental changes in their political, social and economic status are key for us in eliminating poverty and accelerating our socio-economic development.

A number of non-governmental organizations and the private sector are also involved in the implementation of the Programme of Action. Their role is to assist the Government's efforts in population and related activities. Non-governmental organizations involved in reproductive health and family planning have formed a consortium and are offering commendable services to the public.

No matter how well we have done over the past five years, it is simply not significant compared with the extent of the tasks set down by the ICPD, as shown by the recent evaluations of ICPD+5 in Africa. This is due to what we call the "structural constraints" of our economies — human, institutional and financial resources — in the region in general, particularly in our respective countries. This leads me to make a number of observations regarding key actions for the further implementation of the Programme of Action.

The first observation refers to gender equality, equity and the empowerment of women. While we take note of the emphasis given in the Programme of Action, any talk of gender equality and equity will remain mere rhetoric unless we focus on changing the material and economic conditions of women in developing countries. For this, we need to take note of the important complementary role of such critical sectors as food security, rural energy, rural water supply and appropriate technology to reduce the household chores of rural women. We will not be able to bring about the increased participation of girls in primary education, however much we may increase the provision of schools in their localities, unless we make meaningful change in the aforementioned sectors.

My second observation relates to resource allocation in critical sectors of health and education. It is important to take note of the delicate balance required in priority setting and resource allocation between reproductive health and other components of the health sector, including focus on water-borne diseases, epidemic diseases such as malaria and infectious diseases like tuberculosis.

The third issue is that of the world economic situation. Globalization has continued to link economies, creating both greater wealth and growing inequality, poverty and marginalization. The implementation of the ICPD has been made more difficult to sustain in the context of this situation.

Compounding these problems, the debt situation of the poor countries remains heavy and does not provide conditions for addressing poverty or the resource needs of the social sectors. We note the call for its resolution in the proposed key future actions in the context of the ICPD. The problem is not a lack of initiatives to tackle debt problems; among these could be mentioned the Naples terms, the Toronto terms, the London terms and the Heavily Indebted Poor Countries (HIPC) Debt Initiative of the 1980s and 1990s. These initiatives are slow, not comprehensive and inadequate; at worst, they are mere rhetoric and instruments of imposition. Let's hope the current post-HIPC initiatives will do the trick.

The fourth issue is that of capacity-building to ensure the implementation not only of ICPD, but also of other complementary programmes. Although the Programme of Action calls for national capacity-building and the transfer of appropriate technology and know-how to developing countries to be the core objectives and central activities of international cooperation, a lot remains to be done. Unless we make headway in capacity-building, the Programme of Action will remain solely on paper.

The fifth issue is that the realization of ICPD objectives will also depend on what we are doing in other complementary programmes to which, like ICPD, the world community has committed itself: the Social Summit and the Food Summit.

Finally, I would like to stress that the world community is not short of programmes of action. What we are short of is their implementation. This is why we are still calling for the eradication of illiteracy, health problems and food insecurity and for poverty eradication in general. What the different parties have promised is not delivered in time. We have to save the ICPD Programme of Action from the fate of its predecessors: remaining confined to paper. This holds equally true for the complementary Programme of Action of the Social Summit and the Plan of Action of the World Food Summit, without whose implementation ICPD will remain incomplete.

Anything short of what has been promised will ultimately affect the implementation process and contribute to slowing the realization of poverty eradication to which the world community has committed itself in a number of forums. That is already being affected by unmanaged globalization, the low capacity of developing countries, debt overhang and the nature of partnership and cooperation between the developing countries and development partners. Although the Programme of Action calls for strong partnership and cooperation between the developing countries and the donor and financial institutions, we have seen a decline in official development assistance, except for in a very few countries. This situation is exacerbated by the nature of partnership and cooperation between the developing countries and many of the donors, which lacks transparency, reliability and predictability, all of which seriously undermines programme implementation, be it the ICPD, World Social Summit or World Food Programme approved programmes or plans of action.

Let us make the relationship one of true partnership and predictability. We have set noble goals for the world community against poverty. We have made statements to international forums showing our commitment to their implementation, but sadly we have forgotten about them once we have dispersed or set various conditions that go beyond reasonable bounds when it comes to making good on capacity-building. Let us show the same zeal and

willingness to implement them as we have shown in approving the various complementary programmes of action. I am sure we can make a lot of difference.

The President (*spoke in Spanish*): I now give the floor to His Excellency Mr. Yigal Ben-Shalom, Director General of the Ministry of Labor and Social Affairs of Israel.

Mr. Ben-Shalom (Israel): First, on behalf of the delegation of Israel, I wish to extend our congratulations to the President of the General Assembly on his assumption of his important and honourable role. We offer him our full cooperation in making this special session a complete success.

The people and the Government of Israel are grateful for the opportunity to express our collective support for the International Conference on Population and Development Programme (ICPD) of Action. While we are greatly heartened by the progress that has been reported by the family of nations from every continent, we wish to add our voice to those who urge yet greater determination to advance the issues addressed in the report of the Commission on Population and Development. Human life is sacred in the eyes of all Israelis: we all identify with the teaching of the book of Genesis that both male and female were created together in the image of the Creator. We hope this value is reflected in my few words on action that has been taken in Israel since the 1994 Cairo Conference.

The past decade has seen an extraordinary amount of immigration to Israel, even for a nation of immigrants. The influx of over a million people, coming from a diverse range of countries and cultures, from Ethiopia to Yemen, from Argentina to the former Soviet Union, presents Israel with both a unique challenge and an exciting opportunity. Israel's population at the end of 1999 numbered over six million. This is 10 per cent larger than at the time of the Cairo Conference and more than seven times the population at the time of Israel's birth. Israel's population growth has been relatively high, averaging over four per cent yearly. Immigrants account for over 42 per cent of that figure.

Despite the challenges, Israel has been successful, both in absorbing the new immigrants and in integrating them into Israeli society, particularly into the labour force. In fact, thanks to vocational training and retraining programmes specially geared to the immigrants, their unemployment has been lowered to just slightly above the national average. Close to 100,000 immigrants have participated in vocational training — day or evening classes — at varying levels. Many have even left their old areas of occupation for Israel's well-developed high tech field.

Israel has also opened its doors to groups fleeing violent unrest. In 1977, for example, Israel accepted groups of boat people from Vietnam. In 1995, Israel absorbed a group of Bosnian Muslims fleeing the conflict in the former Yugoslavia. Most recently, Israel took in two groups of Muslim refugees from Kosovo. These immigrants received significant benefits and aid packages designed to help them rebuild their lives in Israel. Over the years, these divergent streams of cultures flowing into Israel, from developing countries as well as industrialized nations, have contributed to the unique mix that makes up modern Israeli society.

In this light, Israel also seeks to cooperate with other nations in overcoming demographic and social problems. Thus Mashav, Israel's Centre for International Cooperation, offers hundreds of training courses, attracting 4,500 trainees from some 130 countries around the globe. The courses cover a wide range of topics, from state-of-the-art agricultural techniques to vocational and special skills training. One of the training centres in Israel, the Golda Meir Mount Carmel International Training Centre, has brought in 7,050 participants, from countries in Asia, Africa, Europe, Latin America and the Caribbean, to attend some 300 courses for women engaged in community development.

Israel has also sought to fulfil another principle it holds dear, as stated in the Declaration of Independence: "Israel ... will foster the development of the country for the benefit of all its inhabitants ... based on freedom, justice and peace as envisaged by the prophets of Israel; it will ensure complete equality of social and political rights to all its inhabitants irrespective of religion, race or sex."

In particular, Israel has recently made strides towards bridging the gender gap: for one, Israel's parliament passed a law establishing the National Authority for the Advancement of the Status of Women, as well as a law preventing sexual harassment in the workplace. National authorities have also worked to further enforce the Equal Employment Opportunities Law of 1988, ensuring that there is virtually no advertising that uses gender discrimination. In addition, new legislation has been enacted to protect women on maternity leave. This includes a 1998 amendment to the Employment of Women Law of 1964, as well as the

National Insurance Law. For example, during a 12-week maternity leave, women in Israel now receive a full 100 per cent of their salary.

Meanwhile, Israel has been placing special emphasis on investigating and fighting domestic violence. Significant progress was made in these past few years, as legislation was passed to protect women in situations of abuse. For example, a woman may now obtain a protective order to remove an abusive spouse from the home. Marital rape is now recognized as a crime. Police procedures have also been enhanced to better handle cases of domestic violence against women and children. Israel is one of the few nations in which a police officer is authorized to continue investigating cases of domestic violence even after a complaint has been withdrawn. In addition, Israel has provided an increased net of shelters, along with improved legal aid, for victims.

Yet, an equally high priority must be long-term measures to prevent domestic violence before it takes root. This calls for a broad campaign to educate the public about domestic violence and, in particular, to institute preparatory courses before marriage. On the initiative of the Council of Women's Organizations, the Ministry of Education and the Authority for the Advancement of Women have come up with a new project to combat domestic violence by working at the early childhood level. This project focuses on kindergarten children, so as to identify certain types of violent behaviour at this early stage and begin educating against violence at that level. In this context, Israel launched a separate national project aimed at protecting children's rights, focusing on advanced preventive, emergency and therapeutic care to children in danger of abuse.

Israel is also intensifying its efforts to reduce unemployment, an unfortunate byproduct of the mass immigration. In this endeavour, Israel has chosen to fight the problem at its roots, and that means education. The wisdom of this approach has already proven itself, albeit on a small scale. The Israeli educational and social authorities recently mobilized their efforts to provide vocational training and similar aid packages to areas with an unemployment rate of 10 per cent or more. Already, the rise in the potential workforce in these areas has helped to attract investors and prospective employers. This was underscored most recently by the newly elected Prime Minister of Israel, Ehud Barak, who called for taking special steps to close the social and economic gaps in Israeli society that begin with childhood. He named free higher education as a top priority of his new Government.

We are still coping with basic problems like unemployment, whose effects are clear and measurable. But in the long term, the added value of broadening our education system and integrating new waves of immigrants is beyond calculation. We believe that the current strains are, if you will, the growing pains of a new society just beginning to emerge from the rich diversity of peoples and cultures that are everyday changing the face of Israel.

The President: (*spoke in Spanish*): I give the floor to Mr. Aldo Carreras, Under-Secretary for Population of the Argentine Republic.

Mr. Carreras (Argentina) (*spoke in Spanish*): After intense months of work, we are meeting once more with the task to discuss and find answers to the complex challenges posed by population and development issues. We have considered many variables in order to define future paths of action. These meetings were convened in order to evaluate the implementation of the Cairo Programme of Action, which deals with several issues related to population and development. That is why, when we do this evaluation, we cannot set aside any of these issues nor ignore the Principles that guided the Programme of Action.

The recognition of the wide range of elements involved in development must seek to improve the quality life of everybody by requiring the establishment of a common ground with full respect of different ethical, religious and cultural values.

Development should be human-centred and, since the well-being of people presents many sides, any approach to development should be multi-dimensional. Consequently, every formulation of national, regional and international strategies, actions and policies should be founded on integral and integrated perspectives. This has been clearly reflected in the Principles of the Programme of Action, which were accordingly developed in each of its chapters.

We are focused on the well-being of the people as the primary concern of development. Therefore we cannot fail to mention, among our fundamental goals, the eradication of poverty, the fulfilment of the basic needs of all human beings and the protection of their universal human rights and basic freedoms, including the right to development. Hence, social progress cannot be one variable subordinated to economic growth; rather the opposite: the economy must be at the service of human

beings, an instrument for social development. The public, and not the economy, is the central concern of development.

One of the fundamental principles that has been most discussed in this forum is people's freedom to decide the number and spacing of their children. The right to a truly free, responsible and voluntary choice can be enjoyed only in contexts where there is access to education, health care and employment.

Argentina would like to recall once again that what has to be eradicated is poverty, not the poor. Even those who are still prophesying today — as they have for so long — the disaster of the population explosion have to admit that development is the best remedy to the spectre of overpopulation.

Reproductive health is a major concern in the context of overall health, but reproductive health must not be equated with the concept of birth control as a magic formula for development, and even less so must it end up displacing the core components of development, which should be at the heart of our conferences. In this connection, we believe that too much time has been devoted to reproductive health aspects and not enough to the development aspects. Simply to note the number and diversity of the problem areas incorporated into the Cairo Programme of Action in 1994 is to realize that in the past few years some aspects have been greatly emphasized to the detriment of others that are as or more important and sensitive for many of the countries represented here.

At this point we should recall the notion proposed by the United Nations, in the 1987 document of the Department of Economic and Social Affairs entitled "National Family Policies: Their Relationship to the Role of the Family in the Development Process", to the effect that family planning implies provision of education not only about contraception but also about fertility, education for family life, parental responsibility, sexuality and so on. That document says that the term "family planning" has been used to describe a much more limited approach that emphasizes the provision of contraception services in order to achieve population control, and that this point of view is much more concerned with achieving targets at the macro scale than with serving the needs of individuals. In this context, we would reaffirm once again the principles that for the Government of Argentina are irreplaceable in the area of population and development.

First, the objectives in this area must fall within the jurisdiction and under the sovereignty of each country, in keeping with the foundations and orientation of its national policies and guided by respect for human dignity and the free and responsible decisions of individuals.

Second, development assistance must not be made conditional on the adoption of particular programmes, incentives, disincentives, targets or quotas of any kind in population matters. The principle of voluntariness, meaning a complete absence of coercion in the implementation of family-planning programmes, is a basic principle of the Cairo Programme of Action.

Third, as principle 9 of the Programme of Action emphasizes, a priority objective of any population policy must be the promotion and protection of the family and the recognition that the family is the basic unit of society and is therefore a fundamental social good. Social policies must aim always to provide it with the most appropriate framework for its development. Among family rights it is of the utmost importance to safeguard the prior right of parents in respect of their children's education, as established in the Universal Declaration of Human Rights.

Fourth, that there is an intimate relationship and interdependence between development and education is beyond dispute. This relationship has a positive and direct influence on health conditions. It has been shown that basic education for women is strongly reflected in lower infant mortality indicators.

Fifth, policies must be encouraged that increase life expectancy and improve people's overall health. Family planning is worthwhile only insofar as it improves quality of life and, in this context, it is quality of life that must be the backbone of any implementation of family planning policy.

Sixth, the family is the natural and fundamental unit of the community and as such must be protected by society and the State. Only when the rights of the family are recognized and promoted can there be genuine development. In the context of this development, human life must be respected from conception until natural death. This principle cannot be altered either by legislation or by population policies. Argentina therefore does not accept the inclusion of abortion within the concept of reproductive health either as a service or as a method of birth control, just as the Cairo Programme of Action maintains.

Seventh, the ongoing promotion of women's inclusion in all types of social, economic, political and educational activity is crucial for strengthening equality of opportunity between men and women and also contributes to the overall development of our societies. Discrimination against women violates the principles of equal rights and respect for human dignity, which are the foundation of justice, freedom and peace.

Eighth, migratory policies must aim to ensure effective regulation and channelling of migratory movements, seeking a harmonious integration of immigrants that is in line with the preservation and safeguarding of the living conditions of the local population, their employment rights and the working culture of each country. It is therefore essential to continue making progress on developing and implementing specific measures to protect the rights of legal migrants while at the same time combating those who promote and profit from illegal immigration.

Ninth, among the problems associated with structural changes in population, we would highlight the problem of population ageing — the problems of older people and their material needs, health and emotional well-being.

Tenth, in terms of international technical and financial assistance for financing population and development activities, greater commitment is needed from the international community, in particular the multilateral organizations and the donor countries, so that more resources can flow into social investment, especially for education and health and all those other areas that contribute to meeting people's basic needs in full.

For all these reasons, Argentina will not allow an occasion of such importance as the one that brings us here today, five years after the Cairo Conference, to pass without reaffirming its commitment to the quest for equity and social justice as the fundamental and irreplaceable goals of any population and development policy.

The President (*spoke in Spanish*): I call on the Vice-Minister for Population and Migration Services of Mexico, His Excellency Mr. José Angel Pescador.

Mr. Pescador (*spoke in Spanish*): Five years after the historic Cairo International Conference on Population and Development, Mexico wishes to reaffirm its commitment to the principles and recommendations that emerged from the global consensus reached at Cairo and reaffirms to the General Assembly its commitment to continue to advance and enhance the implementation of the Programme of Action and to take key steps to strengthen its implementation in the future. Proof of this has been the launching in recent years of national programmes on population, women, reproductive health, family planning and domestic violence.

Mexico's population policy is integral and multisectoral in its approach and is deeply humanistic in its conception. It reflects a sovereign decision made with full awareness of the present and a vision of the future. This policy is governed by the principle of unrestricted respect for the liberties and the rights of persons and takes into account our particular characteristics and our cultural values. The major changes that have taken place in the last 25 years have resulted in a true and silent demographic revolution. Since 1970, the average number of children per couple has dropped from almost 7 to 2.5. Life expectancy has increased from 62 to 75 years. Natural population growth has decreased from 3.3 to 1.8 per cent per annum. If a respectful, responsible and realistic population policy linked to the development process had not been put in place, Mexico would now have a population of more than 142 million, instead of the current population of slightly more than 98 million.

In the health sector, many important institutional, legal and administrative reforms have been put in place and there is the possibility of launching massive training in reproductive health. To give an idea of the magnitude of the efforts made, I wish to mention some indicators. In 1999, nine out of every 10 births were attended by medical and paramedical staff. Two clinics or health centres are built in the country every 24 hours. A broad set of actions is also being developed to ensure universal access to an increasingly broad range of integrated and high-quality reproductive health services, which are offered with full respect for the dignity of individuals and couples and the right to free choice.

These services rest on four essential pillars: family planning, perinatal health, sexual and reproductive health of adolescents and women's health. We continue to promote important institutional reforms so that the various substantive contributions to our approach to reproductive health are fully and truly incorporated into the operation of the services.

In view of the still high rate of unplanned pregnancy among adolescents and the prevalence of sexually transmitted diseases, including HIV/AIDS, we have redoubled efforts to satisfy the needs and requirements of

this segment of the population in the field of sexual and reproductive health, giving priority to prevention. To give momentum to this mission, we are committed to strengthening efforts to institutionalize sex education in and out of the classroom. We are also committed to systematically and continuously reviewing its content in primary and secondary school curricula. Above all, we are committed to training and raising awareness of teachers and health workers, among other relevant agents.

Among the actions carried out in recent years, we wish to underscore the efforts aimed at including the gender perspective in the planning, design, implementation and evaluation of public policies; the unprecedented expansion of educational opportunities that today permits 92 per cent of girls between the ages of 6 and 14 to attend primary or secondary school; the recent distribution of 35 million copies of a new health tool called the National Charter of Women's Health; the reorientation of programmes of prevention and control of cervical, uterine and breast cancer; the multiplication of worker training and financial support actions to foster women's productive capacity, which has benefited 1.5 million women, especially those who live in rural and marginal urban areas.

All this progress is in response to a long-standing hope of Mexican society to promote full, equal and satisfactory participation of women in the social, economic, political and cultural life and in all the aspects of our country, including decision-making, on an equal footing with men. But in population and development there are many things yet to be done, many myths and obstacles to be overcome. In Mexico we recognize that the only guarantee for the achievement of the objectives and goals of our national programmes, adopted in the spirit of Cairo, lies in joint efforts between a Government that is representative of community interests and an organized, demanding, active civil society. The association between governmental institutions and social organizations, in an atmosphere that favours consensus-building and stable partnerships has become increasingly frequent, has shown significant progress in recent years and has provided beneficial experiences for both.

The international community has joined together to combat the combined challenges of demography, democracy and development. Joint efforts and the will to act jointly has also been characteristic of the process aimed at evaluating the implementation of the Cairo Programme of Action. The agreements that we reach on this occasion will be steps that enable us to continue advancing in the future, to better outline our common goals, to build new consensuses, to put in place innovative cooperation mechanisms, such as the South-South Initiative, in which we have participated actively, and especially to strengthen the ties that join United Nations Member States together.

The President (*spoke in Spanish*): I call on Mr. Agis Loizou, representative of Cyprus.

Mr. Filippi Balestra (San Marino), Vice-President, took the Chair.

Mr. Loizou (Cyprus): I have the honour to speak on behalf of the Chairman of the delegation of Cyprus.

My country has aligned itself with the positions expressed by the European Union, and supports them fully. In addition, we would like to make a few remarks regarding our national strategies and experiences on the issues concerned.

At the outset we would like to express our sincere gratitude to Ambassador Chowdhury for his effective and wise leadership during the work of the preparatory committee, as well as to Ms. Nafis Sadik, Executive Director of the United Nations Population Fund (UNFPA), for her valuable input.

The Programme of Action of the International Conference on Population and Development (ICPD) has been a valuable tool for policy-makers and planners on how population policies and programmes should be formulated and implemented. In essence, it moved away from standard population control policies to a more human-rights-based approach covering issues relating to sexual and reproductive rights, gender equality, the empowerment of women, *et cetera*.

Recent demographic changes in Cyprus include the drop of fertility to levels just below replacement, the increase of life expectancy to 75 for males and 80 for females, and the declining trend in population growth, at about 1 per cent per year. Population growth is due both to natural increase and to the positive net migration balance. The population is ageing; the proportion of elderly population aged 65 and over increased to 11.2 per cent in 1997, while the proportion of children below 15 decreased to 24.2 per cent. The working-age population is also ageing. Although ageing does not mean an old population, my Government is still worried about the problems that it involves, and in particular about its social and economic implications.

The population characteristics of Cyprus are the result of the satisfactory health, education, nutrition and sanitary conditions and human resource development prevailing in Cyprus and are thus based on public efforts and the priority placed on these issues by the Government.

In Cyprus the implementation of most of the measures included in the Programme of Action had begun long before ICPD, through the formulation of economic and social development plans. Due to its small size and its lack of primary resources, Cyprus's economic development rests on the full exploitation of its human resources. This objective forms an integral part of development plans and is in line with the overall objective of improving the level of social welfare, particularly that of women. For this purpose, the Government invariably assists the expansion and improvement of child-care facilities in order to assist women in seeking paid employment. It also provides vocational and other training for women, especially in rural areas, to enable them to engage in full-time employment.

Issues relating to gender equality and the empowerment of women also rank high among the priorities of my country. The Cyprus Government has taken measures to eliminate violence and discrimination against women. An important landmark in this context was the ratification by Cyprus of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women, which provides the framework of current Government policy on women's issues. There is now legislation in force which provides for equal pay for equal work, guarantees maternity leave, prohibits the dismissal of women as a result of pregnancy, extends equal parental care to both parties, protects women from all forms of violence, safeguards the right of women to property and provides women equal rights with men with regard to tax matters. Also, the Cyprus Government has established the machinery required to promote women's equality and human rights.

In the field of education, girls enjoy equal opportunities with boys, while school curricula have been made more gender sensitive with the inclusion of relevant subjects, while sex education is taught at schools as a hidden subject. Education, which is provided free of charge, absorbs about 13 per cent of all Government outlays, while as a proportion of gross domestic product it reaches the 4.5 per cent level; both figures compare very favourably with those of developed countries.

In Cyprus, reproductive health is integrated into the primary health care system, and is provided free of charge by public-sector institutions and at affordable rates by the private sector. The total expenditure dedicated to health purposes, from all sources, is of the order of 6 per cent of gross domestic product, or 16 per cent of all public expenditure, which also compares very favourably with most developed countries.

All women have access to public pre-natal and post-natal care, including safe delivery, while the private sector is very active on pregnancy testing, ante-natal screening for sexually transmitted diseases including Hepatitis B and HIV-AIDS, safe delivery, treatment of infertility, safe abortion within the legal provisions and advice on contraception. Other services provided include cancer screening of the breast and uterus, and treatment for sexually transmitted diseases, including treatment for HIV-AIDS.

In Cyprus, family planning issues are entrusted to specialist doctors in the private sector, but more so to a non-governmental organization subsidized mainly by the Government. The services provided are not confined within the narrow meaning of population control, but also include access to information relating to sexual and reproductive rights, family law, sex education including health issues, reproductive choice and gender equality. It also provides counselling on sexual relations, abortion and, more recently, the prevention of HIV-AIDS.

The Programme of Action makes reference to issues of migration and problems associated with refugees and displaced persons. Article 49 of the Fourth Geneva Convention relative to the Protection of Civilian Persons in Time of War, of 12 August 1949, and articles 5 and 7 of the Statute of the International Criminal Court adopted in Rome on 17 July 1998 are unequivocal in holding that compulsory population transfers constitute not only internationally wrongful acts but also international crimes. Cyprus is a country which is witnessing the inhumanity of the refugee problem, since one third of its population has been displaced from ancestral homes as a result of the foreign invasion of 1974. We believe that the right of refugees to return to their homes and property in safety and dignity is an inalienable right based on international law and upheld by international jurisprudence and United Nations practice.

In the last two decades or so, Cyprus has been experiencing an inflow of Cypriot expatriates and their families, as well as an influx of foreign workers coming to work on a temporary basis. The return of Cypriot expatriates is actively encouraged by the Cyprus

Government in an effort to address the problem of an overall labour shortage. This has been made possible through financial and other incentives. During the last two decades Cyprus has also had the experience of transit migrants due to the war in Lebanon and, most recently, to the Gulf war of 1991. Cyprus, due to its small size and lack of absorptive capacity, cannot implement permanent immigration schemes. Hence, most illegal immigrants are either repatriated or sent to another country of their own choice, while some of them are accepted as genuine refugees and are given political asylum. In this regard, allow me to mention that Cyprus has ratified the 1951 Convention relating to the Status of Refugees and its 1967 Protocol. Also, my Government has initiated a dialogue and negotiations, at the bilateral level, on the signing of readmission agreements with some of its neighbours.

It is the view of my Government that action is urgently needed at the international level to establish a new code of conduct for managing migration, including the safeguarding of the rights of migrants, the prevention of trafficking in migrants and especially the exploitation of women and children.

I would like to conclude by saying that in its population policy my country is guided by the ICPD Programme of Action and has gone a long way towards implementing it. Even before ICPD, it devoted substantial resources to health, education and other social services. Due to its small population base, issues relating to population will continue to be a matter of great priority for Cyprus, in particular the fertility rate, the implications of population ageing, illegal migration, health issues and especially HIV-AIDS and gender equality. To overcome these problems, cooperation at the international level is necessary and should be actively promoted.

The Acting President: I now give the floor to His Excellency Mr. Jassin Mohammed Buallay, Chairman of the delegation of Bahrain.

Mr. Buallay (Bahrain) (*spoke in Arabic*): The delegation of the State of Bahrain is grateful to the President for convening this important special session. We wish him every success in guiding the work of the Assembly.

Bahrain recognizes the importance of population policy in preserving and improving the basic attributes and characteristics of a society, and population policy thus occupies a prominent place in our social and economic development plans. Broadly speaking, that policy is geared towards reducing mortality rates, influencing the birth rate and addressing problems resulting from the increase in the expatriate labour force.

The State of Bahrain attaches special importance to the question of population because of our profound belief that it is responsible for the promotion of development and for the advancement of the country. The State therefore never loses sight of the population question when it formulates development programmes and plans.

As population censuses are among the most important sources of information, the State attaches special significance to them, thereby joining with other States that have a long history of conducting censuses. The first census conducted in Bahrain took place in 1941, and that was followed by a series of censuses, culminating in the most recent one, which took place in 1991. The social, economic and cultural progress of the State of Bahrain in recent years is reflected in the development of its population censuses — the content and subject of such censuses, as well as the techniques used in collecting, processing and disseminating census data.

Bahrain is increasingly committed to development in its various aspects, and at all levels. Since the end of the first half of the century, the country has witnessed an important social and economic transformation. However, the State did not embrace a comprehensive development planning method or impose a particular schedule; rather, it adopted the simplified method of planning used in medium-term socio-economic programming. Given our limited human and natural resources, the limited market and the limited capital available for expenditure and investment, Bahrain used the annual regular budget as the point of departure for defining growth and development needs, the linchpins of which are the primacy of capital, construction projects and programmes, and social services.

Bahrain believes that population policies and goals are part and parcel of socio-economic and cultural development, the main aim of which is to improve standards of living. In the framework of its advanced policy of establishing new cities, therefore, the policy of the State of Bahrain is to broaden population planning so as to adapt residential communities to the circumstances of each family and to the requirements of socio-economic change.

The State is also seeking to improve standards of living and to fulfil the requirements of future generations.

Upgrading the capabilities and skills of the citizens is one of the outstanding results of efforts made by the State in the field of population and development. As a result, Bahrain has been highly placed on the human development index for the third year in a row. It is ranked first among the Arab States, and is placed forty-third internationally. In addition to this, we have developed programmes and services covering basic requirements such as education, health and training. Bahraini citizens participate in economic freedoms and enjoy privileges.

Bahrain's policy includes a combination of activities and programmes that contribute to the achievement of the political, demographic, social and economic goals of the State as they affect certain important population components, especially the size, rate of growth, geographic distribution and other aspects of the population. The formulation and execution of population policies in our country depends on the evaluation of the determinants of population variables. This cannot be achieved without the availability of diverse sources for population data.

The State of Bahrain is making efforts to provide working opportunities for Bahraini citizens in Government organizations. One such example is the announcement by the State of the establishment of a new oil refinery, which will provide 2,000 new jobs. The competent authorities have also introduced new laws to limit the use of expatriate workers in order to prevent them from competing with national workers. It has also established contacts with the private sector to recruit Bahraini citizens through the office of employment that was set up by the State.

The implementation of the recommendations of the Cairo Conference — one of the priorities of the State — is being effected through the efforts of all Government bodies and through their cooperation with one another as well as with non-governmental organizations and institutions. Furthermore, the high level of education among the members of society, especially among women, who are participating in social and cultural activities, has contributed to the prompt implementation of most of the recommendations included in the final document of that Conference. Like other States that have made great progress in this regard, we see no need to renegotiate the principles agreed to in Cairo or to reinterpret them.

I would like to reaffirm my country's support for the position of the Group of 77 in this regard. The State of Bahrain believes that the implementation of the recommendations included in the ICPD Programme of Action, and those included in the document to be issued at the end of this session, is the sovereign right of each country, consistent with national laws and developmental priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with relevant and universally recognized covenants and agreements.

My country also believes that it is necessary to implement those recommendations regarding universal education; universal primary health care; universal access to reproductive health care services, including family planning and sexual health, as indicated in chapter VII of the Programme of Action; the reduction of maternal and infant mortality rates; the extension of life expectancy; and a series of qualitative and quantitative goals that are mutually supportive and of critical importance to these objectives.

We are pleased that the five-year review of the progress in implementing the recommendations of the Programme of Action has achieved positive results, especially as it has resulted in numerous countries taking steps to integrate population concerns into their development strategies, which is of great significance.

Mortality rates in most countries have continued to decline in the five years following the Programme of Action. Bahrain believes that the final document of this session must be based on the results and conclusions of the governmental and intergovernmental reviews undertaken under the auspices of the United Nations, including the annual review and the five-year review undertaken by the Commission on Population and Development, and the meetings and records of other United Nations bodies regarding the progress achieved and the constraints encountered in implementing the Programme of Action.

In conclusion, I must state that the high rank achieved by the State of Bahrain in the field of social development, which is acknowledged in the relevant United Nations reports, is an affirmation of our intention to make every effort to take numerous, effective steps to achieve social development in the context of a specific country development strategy aimed at achieving socio-economic progress.

The meeting rose at 9.10 p.m.